

EXHIBIT G



**CITY OF BOSTON
SUFFOLK COUNTY
ABSENCE AND TERMINATION NOTICE**

Employee's Name **Richard Walsh** Police
Address **██████████** City **██████████** State **██████████** Zip Code **██████████**

Employee ID# **██████████**

Social Security# **██████████**

Dept. **██████████**

Seq# **2 of 2**

Veteran Status Non - Veteran

Veteran

Disabled Veteran

Vietnam Vet.

Active Reserve

Part Time

Temp

Other

Employed From **10-7-70** to **6-30-03** (last day worked) plus 1 day **7-1-03**

Leave Plan: Sick **██████████** Vacation **██████████** Personal Leave **██████████** General Deductions

Additional Pay (LIST) **██████████**

Page **2 of 2**

Medical Insurance Deduction Date **██████████**

Last Optional Insurance Deduction Date **██████████**

Leave Plan: Sick **██████████** Vacation **██████████** Personal Leave **██████████** General Deductions

Additional Pay (LIST) **██████████**

Choose the appropriate section and answer all applicable questions within that section.

L102007 **LEAVE OF ABSENCE**

Reason: **██████████**

Duration: **██████████**

Appropriate documentation obtained? Yes

No

Was leave of absence requested but denied? Yes

No

Reason for denial: **██████████**

Was other suitable employment made available? Yes

No

Voluntary Separation **██████████**

A signed resignation or other appropriate documentation

Reason Given for Separation. Refer to On - Line Library and enter appropriate code.

Resigned (if Police or Fire Department, state whether or not charges are pending)

Resigned to accept another position in city/county service

Resigned to accept another position outside city/county service

Resigned - Illness - Was medical evidence submitted? Yes

No

Did employer offer alternative position? Yes

No

Personal - Not attributed to the City of Boston Yes

No

Permanent Separation - Unauthorized Absence S. 38 Yes

No

Terminated - Did not return Yes

No

Other - Please specify: **██████████**

INVOLUNTARY SEPARATION **██████████**

Action appropriate documentation to support Involuntary Separation, including termination and warning letters where applicable.

Reason for Involuntary Separation. Refer to On - Line Library and enter appropriate code.

Compulsory Retirement **██████████**

Death **██████████**

* Suspended for cause S. 41 **██████████**

* Discharged for cause S. 41 **██████████**

Injury - Is employee receiving Worker's Compensation? **██████████**

Other - Please Specify: **██████████**

Was the proper discipline and discharge procedure followed? Yes No

OBRA option offered at 102% of premiums paid on a monthly basis? Yes No

This action is in accordance with seniority in service.

Therby certified that the provision of GL, C.31, S. 33 have been complied with in the case of this employee.

This form to be signed after interview

Appointing Authority Signature **██████████**

Date **10-1-03**

Employee Signature **██████████**

Date **10-1-03**

1-560HR 1099

Paul F. Evans, Police Commissioner

MASSACHUSETTS BOARD OF HIGHER EDUCATION
MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE

POLICE CAREER INCENTIVE PROGRAM

BOSTON, MA 02116

330 STUART STREET, SUITE 304
BOSTON, MA 02116

II. PERSONAL: Name ROBERT W. SMITH Department Name BOSTON POLICE DEPARTMENT

Address _____ City _____ Zip _____

Social Security Number

Date of appointment as a REGULAR FULL-TIME POLICE OFFICER in the
Department you are currently serving 10 - 7 - 70

Present yearly base salary 53,000

III. EDUCATION

Dates Attended	Name of Postsecondary Institution	Degree Earned if any: List major field	Credit Hours Earned	Date or expected date of Graduation
From <u>1975</u> To <u>1978</u>	<u>NORTHEASTERN</u> UNIVERSITY	ASSOCIATE IN SCIENCE CRIMINAL JUSTICE	60	6-18-78
From <u>1975</u> To <u>1979</u>	<u>NORTHEASTERN</u> UNIVERSITY	BACHELOR OF SCIENCE CRIMINAL JUSTICE	189	6-17-1979
From _____ To _____				

ATTACHMENT ONE

IV. Accompanying this application, proof of credits and degrees earned must be submitted.

1 - Complete this Application in its entirety.

2 - Submit certified transcripts showing the courses taken, credits earned, and degrees awarded by each postsecondary institution attended. The major field of study must be law enforcement or criminal justice, except for degrees in law. If a degree was earned, please submit a copy of the degree along with the certified transcript.

3 - In the event the major field of study is not indicated on any transcript, an accompanying letter from the institution certifying the major field of study to be law enforcement or criminal justice will be required.

V. OTHER INFORMATION

Please include any other information you feel will be helpful in evaluating your application.

The above information is given under penalty of perjury and will be made a permanent part of your file.


Signature of Applicant


Date


Signature of Chief of Police or other Authorized Official



of **Engines and vessels at port**, **Passenger lists**, **the *Scutellaria* and *Scutellaria*-line**.

with all the known, known and new materials
of determining the results.

Ricardo William Murphy

uniform

Particulars of the Author.

Upon recommendation of the President and Faculty and
by authority of the Board of Governors of Massachusetts
Board of Trustees has considered the degree of

Alimentary Disease

સાધુબાળ પ્રદીપ



June in the year one thousand six hundred and seventeen
Signed and sealed at Boston, Massachusetts, the eighteenth day of

July instant

With all the honors, privileges and immunities

Richard William Walsh

Wm

Associate in printer

By authority of the Commonwealth of Massachusetts to the
Board of Selectmen to confer the degree of

Ministry College

Richard William Walsh

Boston, Massachusetts



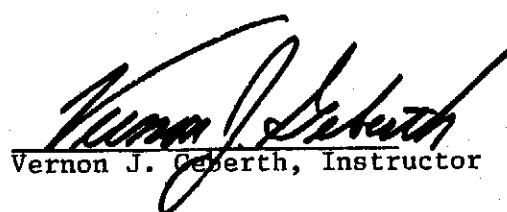
UNIVERSITY OF DELAWARE

Division of Continuing Education

Awards this certificate to RICHARD W. WALSH

In recognition of
successful completion of

PRACTICAL HOMICIDE INVESTIGATION SEMINAR
July 14-16, 1986


Vernon J. Geberth, Instructor

July 16, 1986

DATE


Jacob Haber

PROGRAM SPECIALIST


Richard B. Fischer

ASSOCIATE DIRECTOR